

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Floridians for a Strong Middle Class | | FEC IDENTIFICATION NUMBER ▼ C C00577049 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------------|---|---|
| Full Name of Payee Waterfront Strategies | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2016 | |
| Mailing Address 3050 K St NW Ste 100 | | Amount 102920.64 | |
| City Washington | State DC | Zip Code 20007-5161 | Transaction ID : VQZ71AB2M99 |
| Purpose of Expenditure Advertisement | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2016 | |
| Name of Federal Candidate Murphy, Patrick, E, , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u> |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-------------------|---|---|
| Full Name of Payee Waterfront Strategies | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2016 | |
| Mailing Address 3050 K St NW Ste 100 | | Amount 60445.45 | |
| City Washington | State DC | Zip Code 20007-5161 | Transaction ID : VQZ71AB2MB5 |
| Purpose of Expenditure Advertisement | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2016 | |
| Name of Federal Candidate Rubio, Marco, , , | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u> |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 163366.09 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | 163366.09 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

May, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 31 / 2016

Signature